

MONTHLY FLIGHT TIME SUMMARY												
MONTH:						YEAR:						
NAME (Last, First, MI)					RANK	CAPID	UNIT'S NAME				UNIT CHARTER #	
											KS-	
DATE	A/C MAKE & MODEL	MISSION CODE	PIC	VFR		INSTRUMENT				LANDINGS		TOTAL FLIGHT TIME
				DAY	NIGHT	ACT	SIM	APP	HOLDS	DAY	NIGHT	
TOTALS												
PVT	COMM	ATP	SEL	MEL	INST	CFI	CFII	TP	MP	CN	ROTC	CDT ORNT
OBS	SCAN	CK PLT	91 CK PLT		Date and Name/Number of last KSWG Exercise Participation:							
This form must be submitted to the KSWG/DO no later than the 6th of the month following the flight. A form must be submitted by ALL designated pilots. If no flight time is accomplished during a month, submit this form along with an written explanation of why not. Forms may be submitted via FAX (785) 539-4535 or via mail to: KSWG HQ, 1932 Scanlan Avenue, Salina, KS 67401.												
Date Last CAP Form 5 Check				Date Last CAP Form 91 Check Ride				Date Last Flight Review Check Ride				
Form 5 Check Pilot's Name				Form 91 Check Pilot's Name				Flight Review Check Pilot's Name				
FAA Pilot Certificate Number							FAA Medical Class and Date Obtained					
Pilot's Signature				Date		Unit DO's Signature				Date		